APPLICATION FOR A USAGE VARIANCE Town of Sutton Zoning Board of Adjustment

THIS SECTION TO BE COMPLETED BY LAND USE COORDINATOR

Received by:	Date Received at Town Hall	l: Case #:		
Hearing Date:	Fees Paid:	Date Granted/Denied/Withdrawn:		
	eal Instructions and reviewed the a it with fees thirty (30) days prior	Appeal Checklist, please complete this to your hearing.		
Name of Applicant:_				
Mailing Address:				
Home Telephone:	Work:	Cell:		
Owner of Property:_				
Location of Property:				
		Acreage:		
Registry of Deeds Bo	ook #:	Page #:		
Zoning District (circl	e one): Residential District	or Rural Agricultural District		
Section	of the Sutton Zoning Ordinance in the Sutton Zoning Ordinance in the separate sheet of paper in the separate sheet sheet of paper in the separate sheet sheet of paper in the separate she	ccordance with Article, in order to: Describe present and f necessary).		
Applicant Signature:		Date:		
Property Owner Co-signature:		Date:		

WORKSHEET FOR A USAGE VARIANCE Town of Sutton Zoning Board of Adjustment

			Applicants Initials:				
	To be filled out by Land Use Coordinator						
Ca	se #_	Applicant:	Date:				
1.	Th	e variance will not be contrary to the public interest.					
2.	Sp	ecial conditions exist such that literal enforcement of the ordina	ance results in unnecessary hardship.				
	a.	The zoning restriction as applied interferes with the landowned property, considering the unique setting of the property in its					
	b.	No fair and substantial relationship exists between the general and the specific restrictions on the property.	l purposes of the zoning ordinance				
	c.	The variance would not injure the public or private rights of o	others.				
3.	Th	e variance is consistent with the spirit of the ordinance.					
4.	Su	bstantial justice will be done by granting the variance.					

Rev. 4/08

5. The value of surrounding properties will not be diminished with the granting of the variance.

Description of Circumstances

Town of Sutton Zoning Board of Adjustment

Appeal Checklist

Applicant Name:					
Ow	ner(s) Name if different from Applicant:				
With the application you must include:					
	1. A copy of a letter of denial for building permit from the Selectmen's Office.				
	2. All other information pertinent to the request not limited to the following:				
	a. Drawings and descriptions must be in pen/ink only. Please provide twelve (12) copies.			
Dra	awings and descriptions must indicate clearly where the site is located and what is p	roposed.			
The drawings, maps or plans MUST BE TO SCALE and provide ALL of the following information or the application will be considered incomplete and mailed back to you for completion:					
1.	Show "for the lot of record" the boundary lines – exact footage on all sides.				
2.	Name of the road(s) the lot fronts on.				
3.	North/South arrow.				
4.	Clearly mark names and tax map numbers of all abutters placed on the proper lot locations around the lot of record (see tax map).				
5.	Clearly mark location of water wells (make with "W"), septic leach beds (mark with "S") for the lot of record.				
6.	Include all existing structures on the lot, clearly indicating their dimensions, height, and distance from other structures and from the center line of the road and distance from abutter property line.				
7.	Clearly mark location of any bodies of water, wetlands and culverts or stonewalls with distances to existing structures.				
8.	Floor plan with dimensions: including height; distance from the center line of the road; distance from other structures on the lot and distance from abutter(s) property line.				

Town of Sutton Zoning Board of Adjustment

Abutter(s) List

Map/Lot #
Name:
Address:
City, State & Zip:
Map/Lot #
Name:
Address:
City, State & Zip:
Map/Lot #,
Name:
Address:
City, State & Zip:
Map/Lot #,
Name:
Address:
City, State & Zip:
Map/Lot #,
Name:
Address:
City, State & Zip:
Map/Lot #,
Name:
Address:
City, State & Zip: